

U.S. Army - Baylor University  
Graduate Program in Health Care Administration

Professional Affiliation and Certification of  
Air Force Medical Service Corps Officers

A Graduate Management Project  
Submitted to Colonel Chappelle,  
LtCol Schroeder, and Dr. Finstuen

in Candidacy for the Degree of  
Master of Health Administration

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## **ABSTRACT**

This project was inspired by the absence of clear and consistent guidance associated with affiliation and certification of Air Force Medical Service Corps officers with professional organizations. There appeared to be little definitive guidance or agreement on what a professional organization is and which organizations were deemed acceptable and appropriate by the Medical Service Corps. Further, the absence of standards, or criteria, against which organizations could be evaluated contributed to the situation.

This project provides a list of professional organizations which can be sanctioned by the Air Force Medical Service Corps. In the process of developing this list, criteria and operational definitions were developed and validated which allowed an analysis process to be formulated; this process can now be used to analyze organizations that are brought to the attention of the Medical Service Corps leadership.

Four professional organizations were identified as offering certification mechanisms that meet the established criteria. However, the complete list developed by this project contains several other organizations that are worthy of consideration by healthcare executives; these organizations, while perhaps not offering professional certification mechanisms do offer valuable continuing education programs, educational resources, and standards of behavior in the form of codes of ethics. It is of

interest that only four organizations were found to offer professional certification mechanisms matching the definition established by this project. The limited number could indicate that the analysis process developed by this project employed demanding standards to identify these organizations from the larger list. When analyzing organizations and their certification mechanisms, it is important to use demanding standards to protect the credibility of a Medical Service Corps officer's certification. Certification must be a challenging process in order for it to be recognized by fellow healthcare administration professionals and those outside the profession.

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## INTRODUCTION

### Conditions which prompted the study

The present emphasis on the topic of professional affiliation and certification of Air Force Medical Service Corps (MSC) officers can be traced back to a 1991 meeting of the MSC Council. The MSC Council, reporting to the Chief of the Medical Service Corps, meets approximately twice a year to discuss various issues relevant to the MSC, and assists the Corps Chief in developing policy and plans. The membership of the MSC Council is comprised of the Corps Chief, the administrators of the Major Commands (MAJCOMs), the senior MSC officers at certain Special Operating Agencies (e.g., the Air Force Military Personnel Center (AFMPC), Headquarters Air Force Reserves, and the Air Force Medical Service Activity), and the administrators of the six Air Force Medical Centers (Chappelle 1993a). At the 1991 meeting, several challenges were identified which the MSC was facing or would face in the future. Using these challenges as a foundation, the council created a MSC Strategic Plan. This plan included specific objectives which were established to guide the MSC in successfully meeting each of the challenges (MSC Council 1991).

One of the challenges identified by the MSC Council was labeled "Career Utilization." This challenge was intended to "evaluate the utilization, career progression, and promotion patterns for MSC [officers] to determine implications for future job qualifications and promotion opportunity/selection rates."



To meet this challenge, several objectives were created, one of which was to "determine what professional organizations should be recognized by the Medical Service Corps." (MSC Council 1991).<sup>1</sup>

In 1992, the MSC Council created the Young Health Care Administrators' (YHCA) Focus Group. This group was formed to provide an avenue for company grade officers (second lieutenants through captains) to communicate with senior MSC leadership. The group's three-fold charter is to identify key issues and concerns facing company grade officers, present proposals addressing these issues, and serve as consultants to the MSC Council. Membership in the group changes each year and includes those officers selected by their respective MAJCOMs as the Young Healthcare Administrator of the Year; the chairman is the officer selected as the Air Force's winner of this award (Cunningham 1993).

In November 1992, in fulfillment of their charter, the YHCA Focus Group submitted a report to the MSC Council which detailed key issues and concerns. This report focused primarily on career issues and one of these issues was labeled "External and Professional Affiliations." The Focus Group presented several concerns associated with this issue, all centered around whether there should be a preference given to certain organizations and where, or if, specialty organizations fit into a MSC officer's

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<sup>1</sup> An excerpt of the Medical Service Corps Challenges and Strategic Plan, with the areas of interest indicated by asterisks, is provided at appendix 1.

professional development (YHCA Focus Group 1992). The overlying question being asked by the Focus Group seemed to be related directly to the MSC Council's objective: "What professional organizations should be recognized by the MSC?".

The issue of professional affiliation surfaced again in a survey of MSC officers conducted by AFMPC in early 1993. One of the questions appearing in this survey asked: "Do you belong to any professional organizations?". The survey instrument then gave the respondents answer options of: A. No, or, if yes, B. ACHE (American College of Healthcare Executives), C. AAMA (American Academy of Medical Administrators), D. SOLE (Society of Logistics Engineers), E. HFMA (Healthcare Financial Management Association) or F. Other. The results of this survey are summarized in Table 1.

Table 1.--Results of 1993 Medical Service Corps (MSC) Survey  
Source: AFMPC/DPMY

n = 779						Academic Level	
Grade							
O-6	55	( 7%)	O-3	343	(44%)	Bachelors	156 (20%)
O-5	109	(14%)	O-2	85	(11%)	Masters	615 (79%)
O-4	156	(20%)	O-1	31	( 4%)	Doctorate	8 ( 1%)

Do you belong to any professional organizations?				Percentages do not equal 100 due to miscodings
A. No	205	(26.3%)		
B. ACHE	406	(52.1%)		
C. AAMA	29	( 3.7%)		
D. SOLE	5	( .6%)		
E. HFMA	2	( .3%)		
F. Other	60	( 7.7%)		

Of particular interest in analyzing the results of this survey are the respondents who indicated that they belonged to organizations other than the four provided; 40 other organizations were listed by the respondents. These organizations were quite varied and included the American Hospital Association (AHA), Medical Group Management Association (MGMA), Air Force Association (AFA), Veterans of Foreign Wars (VFW), and American Management Association (AFMPC 1993). No interpretation or in-depth analysis beyond these raw numbers is available, however, it's obvious that there is a wide variety of organizations to which MSC officers belong and there is a broad interpretation among MSC officers as to what a professional organization is.

By the summer of 1993, responsibility had been assigned and work had begun on all the challenges developed earlier by the MSC Council; in fact, several had been closed. Efforts were still ongoing toward addressing the challenge associated with career utilization; while work was being done on several of the subordinate objectives, the group had not yet reached the objective dealing with professional organizations. A working group was scheduled to meet and discuss this specific objective at a meeting of the MSC Council in October 1993. Colonel Ray Chappelle, the Administrator at Malcolm Grow Medical Center, Andrews Air Force Base, Maryland, was asked by the MSC Council to lead the discussion in this group (Chappelle 1993a). Two issues were addressed by Colonel Chappelle at this meeting; the

first centered on recognition of professional organization affiliation, the second on professional board examinations and certification. Two questions were posed for each of these issues: 1) "Is there a need to determine what affiliations, examinations, and certifications should be recognized by the MSC?" and 2) "Is there a need to determine how the affiliation, examination, and certification information should be used by the MSC?" (Chappelle 1993b). The discussion that followed the presentation of these questions resulted in the decision to initially focus on the first question ("What professional organizations should be recognized by the Medical Service Corps?"). The questions associated with examinations and certifications and how all the information should be used, while important, would be examined after it was decided what organizations should be recognized.

#### Statement of the Problem

After analyzing these events, along with a review of Air Force guidance pertaining to the subject (discussed in detail in the next section), it's evident that there is vague and conflicting guidance associated with affiliation and certification of MSC officers with professional organizations. There appears to be little definitive guidance or agreement on what a professional organization is, which organizations are deemed acceptable and appropriate by the MSC, and finally, how should affiliation information pertaining to an individual officer be used.

### Literature Review

A review of the literature was accomplished with the primary focus being to determine: 1) the current Air Force position on, and understanding of, professional affiliation and certification, 2) which organizations are presently recognized by the Air Force as being "professional" organizations, 3) how affiliation and certification are officially encouraged by the Air Force, and 4) the attitudes of the civilian segment of the healthcare administration profession on affiliation and certification.

The review of Air Force guidance answered some questions, but, at the same time, generated others. A collective and recognized attitude, stemming from both official and unofficial sources, exists within the MSC that affiliation with professional organizations is encouraged and desirable. Accepting this attitude, one might ask what affiliation entails. Colonel Terence T. Cunningham, the Administrator at Wilford Hall Medical Center, Lackland Air Force Base, Texas, addressed this question and said that affiliation should not be limited to a passive role, but should consist of active involvement to include attendance at educational meetings, publishing articles, presenting lectures, attaining leadership positions, and seeking advancement opportunities within the organization. He also offered several benefits of affiliating with high-quality professional organizations, including maintaining currency on healthcare issues and developments, expanding functional

knowledge and improving performance, keeping abreast with advanced thinking in the field, developing a stronger image for the profession, helping one to realize his or her full leadership potential, developing sensitivity and awareness of the high ethical standards and behavior required of a healthcare professional, and providing an avenue for developing a network of professional counterparts (Cunningham 1989). This discussion is valuable in that it provides a deeper analysis of what affiliation is and what are its benefits; but it leaves unanswered the question: What is a professional organization?

Air Force Regulation (AFR) 169-4 (Department of the Air Force (DAF) 1991) provides at least a partial answer to this question. AFR 169-4 sets policy on how members of the US Air Force apply for professional board examinations and national certifications. It also provides criteria for reimbursement of fees and expenses associated with certain examinations and certifications. The professional organizations and examinations or certifications applicable to the MSC recognized in AFR 169-4 are: 1) the ACHE; 2) the National Council of Architectural Registration Boards; 3) the SOLE's Certified Professional Logistician Examination; 4) the HFMA's Fellowship Examination; and 5) the International Certification Commission for Clinical Engineering and Biomedical Technology's Examination for Certified Clinical Engineers. Using this directive then as a source of official Air Force policy, five professional organizations can be said to be officially "endorsed" by the Air

Force MSC.<sup>2</sup>

Having established what organizations the Air Force MSC presently recognizes, the next issue explored in the literature review was how the Air Force encourages and recognizes affiliation with these organizations. A number of ways were discovered:

1) The most basic avenue of encouragement is simply the expressed support found in certain Air Force directives. For example, Air Force Regulation 36-23 (DAF 1989a) refers to affiliation as a means by which a MSC officer may enhance his or her career and professional development; it specifically states that one method of demonstrating professional competence is by affiliating with civilian professional organizations. This directive says that affiliation with the ACHE is "particularly encouraged," but continues by saying that "affiliation with other specialized professional societies is also encouraged."

2) Another form of encouragement is found in AFR 169-4 (DAF 1991). As was mentioned earlier, this directive provides a mechanism for reimbursing medical service officers for fees paid associated with taking certain examinations offered by certain certifying boards. The guidance states that medical service officers "are authorized to receive reimbursement of fees for application, examination, certification,

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<sup>2</sup> Another source of guidance on the issue, however, the MSC Professional Development Guide, mentions only the ACHE, the SOLE, and the HFMA. Neither the National Council of Architectural Registration Boards nor the Clinical Engineering Certification Commission are mentioned (AFMPC 1992).

recertification, or advancement in a specialty within their respective corps, plus necessary costs in connection with examinations by [various] professional organizations." Thus, the Air Force encourages certification by providing a mechanism through which medical service officers can be reimbursed for associated fees. Affiliation, however, is not encouraged in this manner as membership dues are not reimbursed.

3) An avenue of recognizing, and tacitly encouraging, certification is the mechanism which allows the award of the "R" prefix to an officer's Air Force Specialty Code. Air Force Regulation 36-1 (DAF 1989b) explains that the "R" prefix is unique to the medical field and serves to identify "officers who have been certified by an appropriate American Specialty Board or other board acceptable to the HQ US Air Force Surgeon General." Physicians receive the "R" prefix after becoming board certified by their applicable specialty board; MSC officers receive the "R" prefix after successfully attaining one of the five certifications discussed previously. A direct form of encouragement, to some perhaps the most compelling, is related to the award of this prefix; that is, the "R" prefix is the only indication of professional affiliation and certification seen by members of military promotion boards. It can be said then, that certification by any of the five entities listed in AFR 169-4 is considered by promotion boards in that board members are aware of the presence of the "R" prefix.

4) Affiliation is recognized by the award of Special



Experience Identifiers (SEIs). These SEIs are typically used to identify those officers who have unique qualifications and experiences. Air Force Regulation 36-1 (DAF 1989b) provides a list of the SEIs which may be awarded to medical service officers. Only affiliation with the ACHE is recognized, however, through these SEIs; "FP" is defined as being an Associate of the ACHE, "FQ" a Diplomate, and "FR" a Fellow.

5) Affiliation is also recognized through the award of specialty badges. Specialty badges are authorized for all Air Force officers assigned to one of the medical service components (Medical Service Corps, Medical Corps, Dental Corps, Biomedical Sciences Corps, and Nurse Corps). The basic badge is authorized to be worn on the first day of duty, while senior and chief specialty badges are authorized for officers after certain criteria are met. Generally, the senior MSC badge is awarded after 10 years service and the chief badge after 16 years service; however, constructive credit can be awarded to reduce this time to 7 years and 12 years respectively. Constructive credit can be awarded for advanced education, civilian work experience, and professional affiliations among other accomplishments. The organizations that are recognized in this manner are limited to the five discussed previously with one addition, the AAMA. (DAF 1991).

After reviewing the Air Force guidance, although somewhat inconsistent, it is obvious that the Air Force encourages and supports affiliation and certification with professional

organizations. Further, it can be presumed that, generally, a fundamental and understood position of the Air Force MSC is that affiliation with certain professional organizations provides an excellent means of professional development, and Cunningham (1989) states that professional development is critical to the future of a MSC officer and can enhance one's job performance and preparation for positions of increasing responsibility.

The next logical step for this inquiry was to examine the attitudes of the profession's civilian constituency on the issue of professional affiliation and certification. The ACHE and the Association of University Programs in Health Administration (AUPHA) jointly examined the subject of beginning and early career development. The report from this study provides recommendations for healthcare administration professionals at each stage of their career development relating to a number of issues, one of which was affiliation with professional organizations. The report defined five different career stages: the student stage, the beginning and early career stage, the colleague stage, the mentor stage, and the sponsor stage. In each of these stages, affiliation with professional organizations is encouraged (of course, the ACHE, being a co-sponsor of the study, is favored).

The authors of the study suggest that during the student stage, one should affiliate with local and national professional societies contending that this involvement will establish the new healthcare administrator's credibility as a professional and

provide important opportunities for networking and informal mentoring.

Beginning and early careerists are encouraged to affiliate in order to invest time and effort in professional activities beyond one's place of employment. This effort can result in rewards for both the young administrator and his or her organization; through this type of activity it's "possible to gain influence, foster cooperation, and build one's reputation and that of one's employer." Contacts can also be developed through affiliation for possible employment opportunities later in one's career.

The colleague-stage careerist is encouraged by the report's authors to not only affiliate, but advance within the professional organization as well. By receiving these credentials, one is distinguished as being "prepared to assume the ethical and leadership responsibilities of a healthcare management professional." Further, at this stage, one can garner valuable leadership experience through participation on committees and holding elected office within the organization; in addition, networking opportunities continue to be very important during this stage of one's career.

At the mentor stage, the healthcare administration professional is encouraged to advance further within the organization (to Fellow status in the case of the ACHE), thus demonstrating "a commitment to the profession and its values and ethics."

Finally, the sponsor-stage careerist is persuaded to enhance the profession by supporting professional organizations and serving as a role-model for earlier-staged careerists. (ACHE & AUPHA 1993).

While the literature review provided limited previous research on the issue, it has provided a solid foundation on which this project will be based. It is, of course, important to review current official Air Force policy, but, it is also important to assess the Air Force's implied position and the opinions of the civilian members of the profession. It is necessary to evaluate these factors since they are really at the heart of the issue; that is, for any affiliation or certification to be of value, it must be recognized by both the formal and informal organization, as well as the profession overall.

#### Purpose of the Study

The purpose of this project is to develop a list of organizations that can be supported by the Air Force MSC as being relevant and valuable to its officers, to determine which of these organizations should be recognized by the MSC as being professional organizations, and to further ascertain which of these professional organizations offer appropriate certification mechanisms.

In developing this list, certain standards, or criteria, must be established. Without these criteria, the development of a list of this sort would be difficult, as it is now, similarly,

difficult for the MSC to develop the necessary definitive guidance on affiliation and certification. Stated another way, the presence of the somewhat inconsistent guidance on professional affiliation and certification is influenced by the need for these criteria.

The general criteria initially selected for this project were: 1) the organization's charter; 2) whether or not the organization employs a professional certification mechanism; and 3) what that mechanism involves. The charter of each organization should complement the interests of the Air Force and the MSC, and certification mechanisms, if they exist, should sufficiently challenge the applicant. By examining these and more specific criteria determined by a survey of selected senior MSC officers (discussed in detail later in this paper) an objective decision was possible as to whether or not an organization belongs on the list and, if it does, which section (these sections will be defined later in the paper).

#### **METHOD AND PROCEDURES**

In developing the list of organizations, several preliminary analyses were required:

- 1) Determine those organizations presently recognized by the Air Force MSC. The groundwork for this portion of the project is discussed in the literature review section of this paper.

- 2) Collect information pertaining to membership and certification mechanisms from certain organizations. The

organizations contacted were those that the Air Force MSC currently recognizes, selected ones that were indicated on the 1993 MSC survey (AFMPC 1993), and several others which were identified as being possible entries on the list.

3) Determine the specific criteria to be used in evaluating the organizations. A survey was administered to 30 active-duty Air Force MSC officers who were members of at least one of three different groups (the MSC Council, a meeting of Air Force ACHE Fellows, and the Air Force Regents' Advisory Committee (an ACHE committee)) meeting at the ACHE's Congress on Administration in February 1994. The survey offered 20 different criteria which were developed by the author and the author's preceptor, Colonel Ray Chappelle; these criteria are displayed in Table 2.

Table 2.--Survey of Selected MSC Officers on Professional Certification - Criteria

- 
1. Does the organization focus primarily on healthcare
  2. Does the organization have a formal charter
  3. Does the organization have a formal code of ethics
  4. Does the organization offer education materials (i.e., journals, etc.)
  5. Does the organization offer continuing education opportunities
  6. Does the organization offer career advice/counseling services
  7. Does the organization offer professional certification opportunities
  8. Does the organization require advanced education (i.e., masters degree) in an appropriate field for advancement/certification
  9. Does the organization require a minimum level of work/professional experience for advancement/certification
  10. Does the organization require affiliation at the entry level for an established length of time before advancing
  11. Does the organization require continuing education for advancement/certification
  12. Does the organization require oral examination for advancement/certification
  13. Does the organization require subjective examination (i.e., essay) for advancement/certification
  14. Does the organization require objective examination (i.e., multiple choice) for advancement/certification
  15. Does the organization require completion of a major project for advancement/certification
  16. Does the organization require completion of case studies for advancement/certification
  17. Does the organization require completion of a mix of criteria/standards for advancement/certification
  18. Does the organization require attendance at organization-sponsored meetings and convocations for advancement/certification
  19. Does the organization require completion of a questionnaire (i.e., awarding points based on service, education, and achievements) for advancement/certification
  20. Does the organization offer a recertification mechanism
-

The survey asked that these criteria be rated using a seven-point bipolar adjective scale, with one being "not important" and seven being "extremely important." After collecting the completed surveys, the means and standard deviations for each of the criteria were computed. Then, using the means and standard deviations, the criteria were rank-ordered according to importance. Those criteria with a mean ranking of 6.00 or greater were employed as the criteria for analyzing the various organizations.

The MSC officers who took the survey were recognized as experts by virtue of their rank, years of service, and membership in one of the previously mentioned groups (i.e., MSC Council, ACHE Fellows, and the Regents' Advisory Committee). The author recognizes that conducting the survey at an ACHE-sponsored event may have resulted in some bias in the responses, ergo, suspicion could exist as to the validity and reliability of the survey. However, it is important to note that the survey asked for the opinions of the Air Force experts only as to what criteria should be used in evaluating the various organizations; the survey did not specify organizations, only criteria. If there is bias in the sense that the criteria ranked as most important favors the ACHE in some way, the results of the survey may still be valid since the intent of the survey was to assess the opinions of the MSC's senior leadership. That is, it's possible that the culture, values, and practices of the ACHE have, over time, been imposed on Air Force MSC officers since

the ACHE is, according to the survey conducted by AFMPC, the most popular professional organization among MSC officers (see Table 1).

4) Develop operational definitions of a "professional organization" and an "appropriate certification mechanism," and develop an analysis process. The criteria developed and validated by the survey of senior MSC officers was used to develop these definitions and to develop the process used to assess the organizations as to whether or not they are relevant to MSC officers.

The issue of reliability and validity must again be discussed at this point. The validity of the criteria used to evaluate the organizations has been assured, to the extent possible, through the use of the survey of a group of experts. The use of this criteria, therefore, maximized the objectivity in the analysis process. Further, experimental variance was maximized by collecting and analyzing the greatest amount of information possible; variance associated with subjectivity was reduced to the lowest possible level through the use of the validated criteria; and extraneous variables such as any personal bias toward a particular organization was controlled to the extent possible as the examiner concentrated on maintaining his objectivity.



## RESULTS

As discussed above, four separate areas were addressed in developing the list of professional organizations.

### Organizations presently recognized by the Air Force

The first area explored was determining which organizations are presently recognized by the Air Force MSC. As discussed previously, there is some inconsistency in the Air Force guidance related to this; however, there are five organizations which are specifically recognized by the Air Force as being board certifying bodies. These five will be acknowledged for the purposes of this project as being officially recognized by the Air Force. These organizations are: 1) the ACHE; 2) the National Council of Architectural Registration Boards; 3) the SOLE; 4) the HFMA; and 5) the International Certification Commission for Clinical Engineering and Biomedical Technology.

### Information from Organizations

An inventory of organizations relating to healthcare was developed using the Encyclopedia of Associations (Burek 1992) as a primary source. This inventory includes fifty separate organizations and is attached at Appendix 2. In most cases information pertaining to membership criteria, services offered, and professional certification was obtained directly from the organization. In a few instances, where it wasn't possible to contact the organization, functional area experts were consulted for information; for example, information on the American College of Clinical Engineers, the International Certification

Commission for Clinical Engineering and Biomedical Technology, and the National Council of Architectural Registration Boards was obtained from the Air Force consultants for Clinical Engineering and Medical Facility Architecture (Torres 1993 and Wood 1993).

#### Survey of Selected MSC Officers on Professional Certification

The participants of this survey were 30 active-duty Air Force MSC officers. These officers were members of at least one of three groups meeting at the 1994 ACHE Congress on Administration. These three groups (the MSC Council, the Air Force ACHE Fellows, and the Air Force Regents' Advisory Council) were selected with the assumption that the members were the experts on professional affiliation and certification of Air Force MSC officers. Four areas of demographic data were collected to identify the survey participants; these data are summarized in Table 3.

Again, the purpose of the survey was to determine the criteria to be used in evaluating professional organizations and the professional certification mechanisms that the various organizations employ. Having collected the survey responses, the means and standard deviations for each of the twenty criteria were computed. These are displayed in Table 4.

The criteria was then divided into three separate areas: the criteria associated with general affiliation, the criteria associated with certification, and the criterion related to recertification. Within the first two areas, the criteria was

rank ordered by mean and standard deviation. This is displayed in Table 5. Using these mean rankings, the operational definitions and analysis process were then developed.

Table 3.--Survey of Selected MSC Officers on Professional Certification - Demographics

n = 30							
Grade		Avg Yrs Service	Academic Level		Primary Area of Expertise		
O-6	15 (50%)	23.80	Bachelors	0 ( - )	Generalist	22 (73%)	
O-5	6 (20%)	17.00	MHA	16 (53%)	Logistics	1 ( 3%)	
O-4	5 (17%)	13.00	Other	12 (40%)	Res. Mgt.	2 ( 7%)	
O-3	4 (13%)	8.75	Doctorate	2 ( 7%)	Mgd Care	5 (17%)	
Overall		18.60					

Table 4.--Survey of Selected MSC Officers on Professional Certification - Results

n = 30	Not Important		Neither Important nor Unimportant		Extremely Important		Mean	StdDev
	1	2	3	4	5	6		
Healthcare Focus	0	1	0	0	3	10	6.30	1.06
Formal charter	1	0	0	0	3	12	6.20	1.19
Code of Ethics	1	0	0	0	3	4	6.47	1.22
Education Materials	1	0	0	0	3	12	6.20	1.19
Continuing Educ. Opportunities	1	0	0	0	1	10	6.40	1.16
Career Advice Services	1	1	1	6	11	9	4.87	1.28
Prof. Certification Opps.	0	0	0	1	0	9	6.60	.67
Advancement-Advanced Educ.	0	0	1	2	10	6	5.80	1.13
Advancement-Work Experience	0	0	0	0	3	11	6.43	.68
Advancement-Entry Level	0	0	1	2	9	12	5.67	.99
Advancement-Continuing Educ.	0	0	0	0	2	10	6.53	.63
Advancement-Oral Exam	1	0	0	3	6	8	5.83	1.37
Advancement-Subjective Exam	1	0	6	9	8	4	4.43	1.33
Advancement-Objective Exam	0	0	0	1	4	8	6.37	.85
Advancement-Major Project	0	1	1	4	6	12	5.50	1.25
Advancement-Case Studies	1	0	1	4	9	8	5.40	1.38
Advancement-Mix of Criteria	0	0	0	2	8	10	5.93	.94
Advancement-Meeting Attendance	1	1	0	2	10	9	5.47	1.41
Advancement-Questionnaire	3	2	1	7	8	6	4.50	1.74
Recertification Mechanism	0	0	0	1	5	11	6.17	.83

Table 5.--Survey of Selected MSC Officers on Professional Certification - Results Rank-Ordered

<u>Affiliation Criteria</u>	<u>Mean</u>	<u>StdDev</u>
Professional certification opportunities	6.60	.67
Code of ethics	6.47	1.22
Continuing education opportunities	6.40	1.16
Healthcare focus	6.30	1.06
Formal charter	6.20	1.19
Education materials	6.20	1.19
Career advice/counseling services	4.87	1.28
<u>Advancement/Certification Criteria</u>		
"Require _____ for advancement/certification":		
Continuing education	6.53	.63
Work/professional experience	6.43	.68
Objective examination	6.37	.85
A mix of criteria	5.93	.94
Oral examination	5.83	1.37
Advanced education	5.80	1.13
Affiliation at the entry level for a period of time	5.67	.99
Completion of a major project	5.50	1.25
Attendance at organization-sponsored meetings/convocations	5.47	1.41
Completion of case studies	5.40	1.38
Completion of a questionnaire	4.50	1.74
Subjective examination	4.43	1.33
<u>Recertification</u>		
Recertification mechanism	6.17	.83

### Operational Definitions and Analysis Process

Using the criteria derived from the survey, operational definitions were developed. The definition for "professional organization" was developed using three of the criteria from the first grouping with mean ratings above 6.00. For the purposes of this paper then, a "professional organization" is defined as an organization which offers a code of ethics, continuing education opportunities, and other educational materials (e.g., professional journals, publishers). The definition for an "appropriate certification mechanism" was developed using the second section of the criteria listing (Table 5); continuing education, work/professional experience, and an objective

examination (i.e., multiple choice or true and false) were the top three certification-related criteria and, in fact, were the only three which had mean ratings above 6.00. There was also a high level of agreement among the survey participants associated with these criteria; all had very low standard deviations. The definition established for an "appropriate certification mechanism" is one which requires continuing education, work/professional experience, and an objective examination.

Several tests or questions were developed using these definitions, as well as additional criteria from the survey, as the basis for the analysis process.

The first question is "Does the organization's charter complement or promote the interests or goals of the Air Force and the MSC; and may a MSC officer normally be eligible for membership?". This is intended to filter out organizations whose goals are not in concert with those of the Air Force or the MSC. Further, any organization in which healthcare administrators, and therefore MSC officers, are normally not eligible for membership are not considered in this study.

The second question reads "Is healthcare the primary focus of the organization's charter, or does the organization's charter and activities have direct application to one of the functional areas in which a MSC officer might work (e.g., Financial Management, Personnel Management, Logistics)?" This question is meant to segregate those organizations which, while perhaps being professional organizations and offering

appropriate professional certification mechanisms, do not relate directly to the functions in which MSC officers are engaged in the course of their duties.

The third question asks "Is the organization's membership comprised primarily of individual members; i.e., is it not a trade organization or a foundation?" This question isolates those organizations which are associations or federations whose membership base is primarily other organizations (e.g., hospitals, managed care organizations, or group practices) as opposed to individuals. These organizations may have subordinate societies which do meet the criteria established for professional organizations and appropriate certification mechanisms and those are considered separately.

The fourth question is derived directly from the definition established for a professional organization and reads "Does the organization have a formal code of ethics, offer continuing education opportunities, and offer other educational materials?"

The fifth question asks "Does the organization offer a professional certification mechanism?". This question was developed using the top-ranked criterion from the survey and is used to segregate those organizations which meet the established definition for a professional organization, but which do not offer opportunities for professional certification.

The final question is derived from the definition for an appropriate certification mechanism. It asks "Does the organization's certification mechanism require at least

continuing education, work/professional experience, and an objective examination?"

The answers, and the combination of answers, to these questions determined if, and where, an organization is placed on the list. The list is then comprised of five sections: 1) fraternal and non-healthcare organizations; 2) trade organizations and research foundations; 3) professional organizations that do not offer a professional certification mechanism; 4) professional organizations that offer a professional certification mechanism, but which does not meet the established criteria; and 5) professional organizations that offer a professional certification mechanism which meets the established criteria. Appendix 3 provides the conceptual model of this analysis process.

The presence of a recertification mechanism was determined to be important by the survey as well (6.17 mean rating). The existence of these mechanisms, however, is apparently rare; only one organization, the ACHE, was found to require a recertification mechanism. While this criterion was considered when gathering information from the organizations, it was not specifically used in developing the list because of its singularity. The presence of a recertification mechanism on the part of the ACHE is, however, worth noting considering the importance placed on it by the survey participants.

## DISCUSSION

Having determined the organizations recognized by the Air Force, collected the necessary information from the various organizations, determined which criteria should be used in analyzing the organizations, and developing the necessary definitions, the actual analysis could finally be accomplished.

Appendix 4 documents this analysis. Each organization was analyzed against the six questions sequentially; once a "no" response was given, the analysis for that organization halted and this determined in which section of the list the organization was placed. Appendix 5 provides the categorized list of organizations once the analysis was completed. Appendix 6 then is derived from Appendix 5 and is the final list with category headings.

The first two organizations listed on Appendix 5 (the American Association of Healthcare Consultants and the American College of Physician Executives) did not pass the first question, and therefore do not appear on the final list because it was found that MSC officers are normally not eligible for membership. The next two organizations (the International Certification Commission for Clinical Engineering and Biomedical Technology, and the National Council of Architectural Registration Boards) also do not appear on the final list because they did not pass question four; these two organizations are not professional organizations per se, but are certification bodies only; they do not provide a code of ethics, nor



continuing education opportunities.

Organizations in Section I of the list include those which complement or promote the interests or goals of the Air Force and the MSC, and to which MSC officers are eligible for membership; however, these organizations are not related to the healthcare industry nor do they have any direct application to one of the functional areas in which a MSC officer might work (e.g., logistics, finance, or personnel).

The organizations in Section II, in addition to complementing and promoting the interests or goals of the Air Force and the MSC, are related directly to the healthcare industry or have direct application to one of the MSC functional areas. They are, however, not comprised primarily of individual members; their membership is mostly other organizations. In addition, organizations in the second section may be foundations dedicated to research, safety, and other activities.<sup>3</sup>

The organizations in the third section, in addition to meeting each of the previous conditions, also have a formal code of ethics, offer continuing education opportunities, and offer other education materials; they meet the definition established for a professional organization. These organizations do not, however, offer a professional certification mechanism.

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<sup>3</sup> It should be noted that there are organizations in sections I and II that do offer continuing education, professional certification mechanisms and other resources and programs deemed important by this project. However, because they are not healthcare-related or are not primarily comprised of individual members, the process developed by this project does not grant them the same status as other organizations. These organizations may still be deemed valuable by MSC officers.

Organizations in the fourth section meet all the previously discussed criteria and also have a professional certification mechanism, but the mechanism does not require at least continuing education, work/professional experience, and an objective examination.

Finally, the organizations in the fifth section meet all the criteria discussed above and therefore meet the definition established by this project for a professional organization that offers an appropriate certification mechanism. These four organizations are briefly discussed below.

American College of Healthcare Executives (ACHE). The mission of the ACHE is "to be the professional membership society for healthcare executives; to meet its affiliates' professional, educational, and leadership needs; to increase the effectiveness of healthcare management; and to advance healthcare management excellence." The ACHE has three classes of affiliation: Associate, Diplomate, and Fellow. Diplomate is the first level of certification within the ACHE. Advancement to Diplomate status occurs after completing 20 hours of continuing education and satisfactorily completing the ACHE Board of Governors Examination in Healthcare Management (multiple choice and oral). Additionally, an applicant for advancement must provide recommendations and satisfy certain other requirements (e.g., education/experience, and civic activity). (ACHE 1993).

American College of Medical Practice Executives (ACMPE). The ACMPE, a branch of the MGMA, is "a leadership organization

dedicated to the continuous personal development of professionals in medical practice management through education and credentialing." Their classes of affiliation are Nominee, Candidate, and Fellow. The ACMPE's board certification mechanism is one of two possible membership tracks: 1) Continuing Education and 2) Advancement. The continuing education track is followed by an ACMPE affiliate who wishes only to take advantage of the continuing education benefits offered by the ACMPE. Upon voluntarily entering the advancement track, Nominees become certified by advancing to Candidate. Certification requires a minimum of 50 continuing education credit hours and successfully completing three separate examinations (oral, multiple choice, and essay); the Nominee has three years to satisfy these requirements. In addition, a Nominee applying for the certification process must satisfy experience, position, and reference requirements. (ACMPE 1994).

Healthcare Financial Management Association (HFMA). The HFMA is "a personal membership organization dedicated to professional development, career advancement, and personal achievement" for healthcare professionals involved in financial management. Its classes of affiliation are Member, Advanced Member, and Fellow. After achieving Advanced Member status by completing time in good-standing, education, and continuing education requirements, one may become certified (Fellow status) by passing a 300+-question multiple choice examination. (HFMA 1993).

Society of Logistics Engineers (SOLE). The SOLE "is the

professional organization and certification body for Logistics Professionals." Classes of affiliation are Member, Senior Member, and Fellow. Affiliation classes have no relation to certification; the certification process is separate and involves a multiple choice exam and requires certain experience and educational achievements. After passing the exam, one becomes a "Certified Professional Logistician." (SOLE 1993).

It must be noted that the two organizations that were not included on the list because they did not pass question four (the International Certification Commission for Clinical Engineering and Biomedical Technology, and the National Council of Architectural Registration Boards) (see Appendices 4 and 5) are on the list of organizations recognized by the Air Force as board certifying bodies. While they are not on the list generated by this project, they may still be worthy of recognition as board certifying bodies. It is important to distinguish, however, that they do not meet the definition of a professional organization; hence, they did not pass through this project's analysis process like the board certification programs sponsored by professional organizations. In developing a final list of organizations for inclusion in Air Force policy documents, these two organizations should be considered separately.

It is also important to note that there are a number of organizations presently considering or are actively developing professional certification mechanisms that may meet the

established criteria. For example, in their Strategic Plan for Federal Affiliates, the AAMA has committed to conducting "a feasibility study to determine the benefits of and need for the [Academy] to 'certify healthcare managers'." While the AAMA presently offers an advancement program, it does not require the criteria developed by this project. (AAMA 1993).

### CONCLUSIONS

This project was inspired by the absence of clear and consistent guidance associated with affiliation and certification of Air Force MSC officers with professional organizations. There appeared to be little definitive guidance or agreement on what a professional organization is and which organizations were deemed acceptable and appropriate by the Medical Service Corps. Further, the absence of standards, or criteria, against which organizations could be evaluated contributed to the situation.

This project provides a list of professional organizations which can be sanctioned by the Air Force MSC. In the process of developing this list, criteria and operational definitions were developed and validated which allowed an analysis process to be formulated; this process can now be used to analyze organizations that are brought to the attention of the MSC leadership.

Four professional organizations were identified as offering certification mechanisms that meet the established criteria. However, the complete list developed by this project contains

several other organizations that are worthy of consideration by healthcare executives; these organizations, while perhaps not offering professional certification mechanisms do offer valuable continuing education programs, educational resources, and standards of behavior in the form of codes of ethics. It is of interest that only four organizations were found to offer professional certification mechanisms matching the definition established by this project. The limited number could indicate that the analysis process developed by this project employed demanding standards to identify these organizations from the larger list. When analyzing organizations and their certification mechanisms, it is important to use demanding standards to protect the credibility of a MSC officer's certification. Certification must be a challenging process in order for it to be recognized by fellow healthcare administration professionals and those outside the profession.

A possible limitation of this project involves the survey conducted to establish the criteria and operational definitions. The participants in the survey were deemed the experts on the issues of professional affiliation and certification by virtue of their rank, years of service, and membership in one of three groups (the MSC Council, ACHE Fellows, and the ACHE's Air Force Regent's Advisory Council). While the individuals in this sample can clearly be considered among the experts on the issues, the sample size (30) was small and only 50% (15) were Colonels (approximately 15% of all MSC Colonels in the Air

Force). A larger sample, as well as more senior MSC officers, might have provided more reliable findings. Further, as discussed previously, it is possible that by conducting the survey at an ACHE-sponsored event, some bias in the responses might be present.

### RECOMMENDATIONS

It is recommended that the list of four professional certification bodies identified by this project be incorporated into Air Force guidance. Further, it's recommended that the MSC ensure policies on professional affiliation and certification are consistent; specifically, the policies on SEIs, the "R" prefix, specialty badge credit, and certification-fee reimbursement should agree with one another.

It is also recommended that, in order to maintain this work as an ongoing process, the MSC charter a group (perhaps the YHCA Focus Group, the MSC Council, the AFMPC staff, or the Corps Chief's Office) to periodically canvass the various organizations to identify newly-developed certification mechanisms and review and revalidate the list developed by this project. The MSC should also consider identifying a point of contact on this subject (suggest the Corps Chief's Office, the AFMPC staff, or an individual senior MSC officer) so that MSC officers have a source to whom they can refer questions.

There are obviously areas not covered by this project that would be worthy of further research. First, in answer to one of the questions posed earlier in the project, research should be

done on how the information pertaining to affiliation, examination, and certification of individual MSC officers should be used. In addition to SEIs and specialty badges, there are a number of other possible uses of this information. It would be worthwhile to develop a comprehensive list of possible uses and study this area in depth. Also, it would be beneficial to expand any future MSC Survey conducted by AFMPC to include more indepth questions on certification.

In summary, this project has provided a categorized inventory of several organizations that MSC officers may find useful in their personal and professional development. Beyond the list, though, this project has developed definitions for the terms "professional organization" and "appropriate certification mechanism" and has developed a framework that can be used in the future in the difficult process of identifying what professional organizations are relevant and useful to a MSC officer.



APPENDIX 1  
EXCERPT FROM MEDICAL SERVICE CORPS CHALLENGES  
AND STRATEGIC PLAN

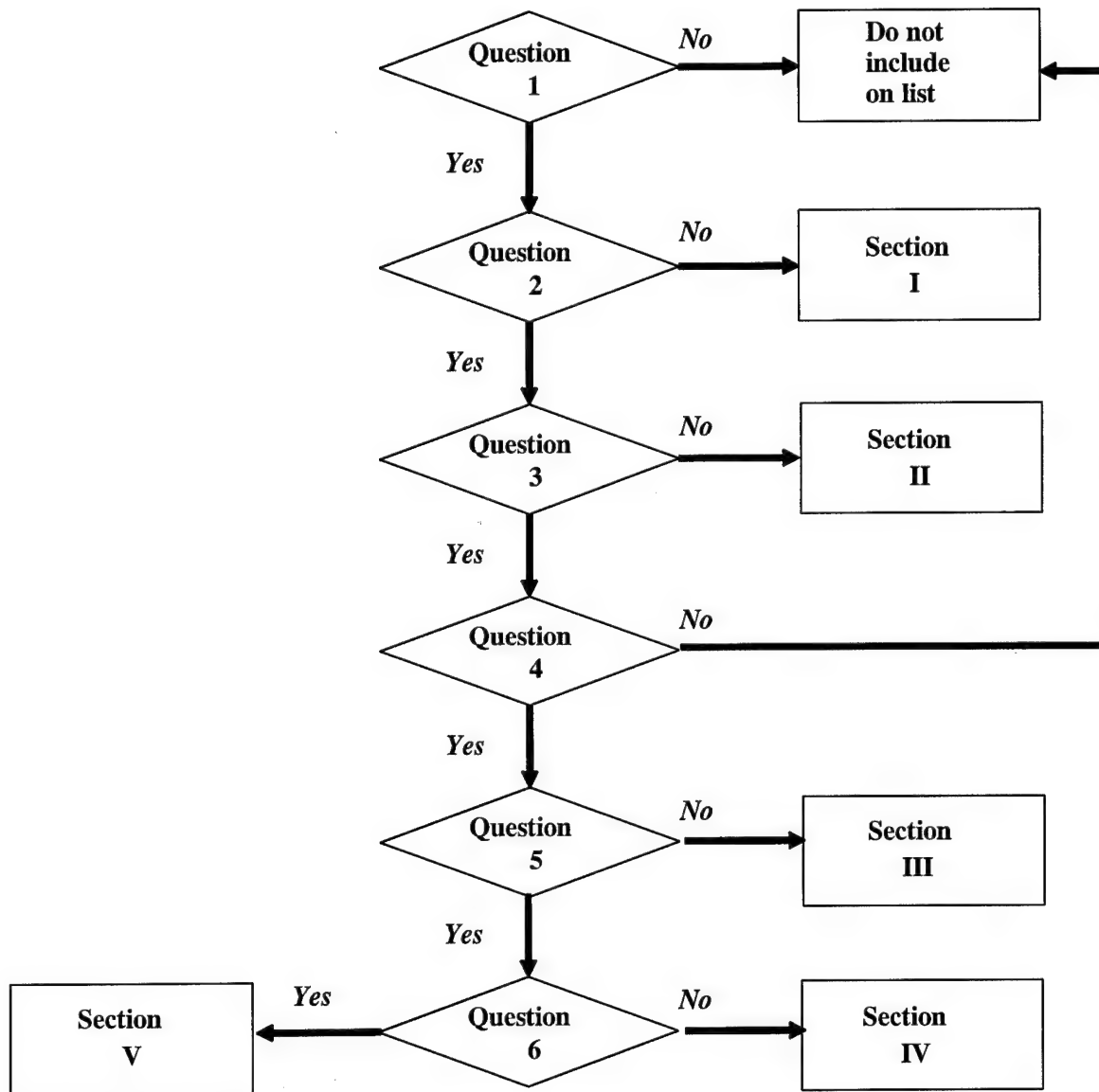
- Determine the MSC role in implementing Managed Care
- Assess the appropriateness and effectiveness of Personnel Development through the life cycle of an MSC
- Strategic Look ... Examine the implications of Air Force organization, technology, and patient expectations on the role of the MSC in the next 5 - 10 years
- \* Career Utilization ... Evaluate utilization, career progression, and promotion patterns for MSCs to determine implications for future job qualifications and promotion opportunity/selection rates
  - Articulate Air Force needs, career paths required to fill needs, and identify qualification and promotion expectations of each
  - Review Health Services Administration course in light of the need of MSCs to get training in a specific function on a recurring basis
  - Review all consultant programs
  - \*\* Determine what professional organizations should be recognized by the MSC
  - Review purpose and relevance of symposia
  - Explore and cultivate a mentorship program
- Communication & Information ... Review the process used to pulse MSC attitudes and evaluate its effectiveness and suggest an information flow and feedback process that incorporates all MSCs
- Medical Care Modernization ... Establish a capability to ensure the corps is on the leading edge of technological advances in areas of responsibility

APPENDIX 2  
ALPHABETICAL LISTING OF ORGANIZATIONS  
WITH ADDRESSES AND PHONE NUMBERS

Organization	Address	Phone
Air Force Association	1501 Lee Highway Arlington VA 22202	202/692-9305
Airlift Association	P.O. Box 27918 Washington DC 20038	202/289-5833
American Academy of Medical Administrators	30555 Southfield Road, Suite 150 Southfield MI 48076	313/540-4310
American Association of Healthcare Consultants	11208 Waples Mill Road, Suite 109 Fairfax VA 22030	703/691-2242
American Association of Preferred Provider Organizations	111 E. Wacker Drive, Suite 600 Chicago IL 60601	312/644-6610
American College of Addiction Treatment Administrators	104 Wilnot Road, Suite 201 Deerfield IL 60015	708/940-8800
American College of Clinical Engineers	---	---
American College of Healthcare Executives	840 N. Lake Shore Dr., Ste. 1103W Chicago IL 60611	312/943-0544
American College of Healthcare Information Administration	c/o AAMA	313/540-4310
American College of Medical Practice Executives	c/o MGMA	303/397-7869
American College of Physician Executives	4890 West Kennedy Blvd., Suite 200 Tampa FL 33609	813/287-2000
American Group Practice Association (merging with MGMA in Fall 1994)	1422 Duke Street Alexandria VA 22314	703/838-0033
American Guild of Patient Account Management	1101 Connecticut Ave. NW, Ste 700 Washington DC 20036	202/857-1179
American Health Care Association	1201 L St., NW Washington DC 20005	202/842-4444
American Hospital Association	840 N. Lake Shore Drive Chicago IL 60611	312/280-6000
American Institute of Certified Public Accountants	1211 Avenue of the Americas New York NY 10036	212/575-6200
American Managed Care and Review Association	1227 25th Street, NW, Suite 610 Washington DC 20037	202/728-0506
American Management Association	135 W. 50th St. New York NY 10020	212/586-8100
American Health Information Management Association	919 N. Michigan Avenue Chicago IL 60611	312/787-2672
American Society for Food Service Administrators	c/o AHA	312/280-6416
American Society for Healthcare Environmental Services	c/o AHA	312/280-6245
American Society for Healthcare Human Resources Administration	c/o AHA	312/280-6434
American Society for Healthcare Marketing and Public Relations	c/o AHA	312/280-6359
American Society for Healthcare Risk Management	c/o AHA	312/280-6425

Organization	Address	Phone
American Society for Hospital Engineering	c/o AHA	312/280-6180
American Society for Hospital Materials Management	c/o AHA	312/280-6137
American Society of Law, Medicine, and Ethics	765 Commonwealth Ave., 16th Floor Boston MA 02215	617/262-4990
American Society of Military Comptrollers	P.O. Box 338 Burgess VA 22432-0338	804/453-7626
American Society for Quality Control	310 W. Wisconsin Avenue Milwaukee WI 53203	414/272-8575
Association for the Advancement of Medical Instrumentation	3330 Washington Blvd, Suite 400 Arlington VA 22201-4598	703/525-4890
Association of Mental Health Administrators	60 Revere Drive, Suite 500 Northbrook IL 60062	708/480-9626
Association of Military Surgeons of the United States	9320 Old Georgetown Road Bethesda MD 20814	301/897-8800
Center for Research in Ambulatory Healthcare Admin.	c/o MGMA	303/799-1111
ECRI (Devoted to Medical Device Issues)	2500 Butler Pike Plymouth Meeting PA 19462	215/825-6000
Federation of American Health Systems	1111 19th Street, NW; Suite 600 Washington DC 20036	202/833-3090
Group Health Association of America	1129 20th Street NW, Suite 600 Washington DC 20036	202/778-3200
Healthcare Financial Management Association	Two Westbrook Corporate Ctr.; Ste 700 Westchester IL 60154	708/531-9600
Institute of Management Accountants	10 Paragon Drive Montvale NJ 07645-1760	800/638-4427
International Certification Commission for Clinical Engineering and Biomedical Technology	---	---
Medical Group Management Association	104 Inverness Terrace E. Englewood CO 80112-5306	303/799-1111
Nat'l Association for Female Executives	127 West 24th Street New York NY 10011	212/645-0770
Nat'l Association of Health Services Executives	1400 Spring Street, Suite 300 Silver Spring MD 20910	301/608-0024
Nat'l Council of Architectural Registration Boards	1735 New York Avenue NW, Suite 700 Washington DC 20006	202/783-6500
Nat'l Fire Protection Association	P.O. Box 9101 Quincy MA 02269-9101	617/770-3000
Operations Research Society of America	Mt Royal and Guilford Aves. Baltimore MD 21202	410/528-4146
Research and Education Foundation of the AAMA	c/o AAMA	313/540-4310
Society for Ambulatory Care Professionals	c/o AHA	312/280-5970
Society for Healthcare Planning and Marketing	c/o AHA	312/280-6584
Society of Logistics Engineers	8100 Professional Place; Suite 211 New Carrollton MD 20785	301/459-8446
Veterans of Foreign Wars of the USA	200 Maryland Avenue, NE Washington DC 20002	---

### APPENDIX 3 ORGANIZATION ANALYSIS FLOWCHART



Q 1) Does the organization's charter complement or promote the interests or goals of the Air Force and the MSC; and may a MSC officer normally be eligible for membership?

Q 2) Is healthcare the primary focus of the organization's charter; or does the organization's charter and activities have direct application to one of the functional areas in which a MSC officer might work?

Q 3) Is the organization's membership comprised primarily of individual members; i.e., is it not a trade organization or a foundation?

Q 4) Does the organization have a formal code of ethics, offer continuing education opportunities, and offer other educational materials?

Q 5) Does the organization offer a professional certification mechanism?

Q 6) Does the certification mechanism require at least continuing education, work/professional experience, and an objective examination for certification and/or advancement?

# APPENDIX 4 ORGANIZATION ANALYSIS GRID

Organization	Questions					
	1	2	3	4	5	6
Air Force Association	Y	N	-	-	-	-
Airlift Association	Y	N	-	-	-	-
American Academy of Medical Administrators	Y	Y	Y	Y	Y	N
American Association of Healthcare Consultants	N	-	-	-	-	-
American Association of Preferred Provider Organizations	Y	Y	N	-	-	-
American College of Addiction Treatment Administrators	Y	Y	Y	Y	N	-
American College of Clinical Engineers	Y	Y	Y	Y	N	-
American College of Healthcare Executives	Y	Y	Y	Y	Y	Y
American College of Healthcare Information Administration (AAMA)	Y	Y	Y	Y	Y	N
American College of Medical Practice Executives (MGMA)	Y	Y	Y	Y	Y	Y
American College of Physician Executives	N	-	-	-	-	-
American Group Practice Association	Y	Y	N	-	-	-
American Guild of Patient Account Management	Y	Y	Y	Y	Y	N
American Health Care Association	Y	Y	N	-	-	-
American Hospital Association	Y	Y	N	-	-	-
American Institute of Certified Public Accountants	Y	N	-	-	-	-
American Managed Care and Review Association	Y	Y	N	-	-	-
American Management Association	Y	N	-	-	-	-
American Health Information Management Association	Y	Y	Y	Y	Y	N
American Society for Food Service Administrators (AHA)	Y	Y	Y	Y	N	-
American Society for Healthcare Environmental Services (AHA)	Y	Y	Y	Y	N	-
American Society for Healthcare Human Resources Administration (AHA)	Y	Y	Y	Y	N	-
American Society for Healthcare Marketing and Public Relations (AHA)	Y	Y	Y	Y	N	-
American Society for Healthcare Risk Management (AHA)	Y	Y	Y	Y	N	-
American Society for Hospital Engineering (AHA)	Y	Y	Y	Y	N	-
American Society for Hospital Materials Management (AHA)	Y	Y	Y	Y	Y	N
American Society of Law, Medicine, and Ethics	Y	Y	Y	Y	N	-
American Society of Military Comptrollers	Y	N	-	-	-	-
American Society for Quality Control	Y	N	-	-	-	-
Association for the Advancement of Medical Instrumentation	Y	Y	Y	Y	N	-
Association of Mental Health Administrators	Y	Y	Y	Y	N	-
Association of Military Surgeons of the United States	Y	Y	Y	Y	N	-
Center for Research in Ambulatory Healthcare Administration (MGMA)	Y	Y	N	-	-	-
ECRI (Devoted to Medical Device Issues)	Y	Y	N	-	-	-
Federation of American Health Systems	Y	Y	N	-	-	-
Group Health Association of America	Y	Y	N	-	-	-
Healthcare Financial Management Association	Y	Y	Y	Y	Y	Y
Institute of Management Accountants	Y	N	-	-	-	-
International Certification Commission for Clinical Engineering and Biomedical Technology	Y	Y	Y	N	-	-
Medical Group Management Association	Y	Y	N	-	-	-
National Association for Female Executives	Y	N	-	-	-	-
National Association of Health Services Executives	Y	Y	Y	Y	N	-
National Council of Architectural Registration Boards	Y	Y	Y	N	-	-
National Fire Protection Association	Y	Y	N	-	-	-
Operations Research Society of America	Y	N	-	-	-	-
Research and Education Foundation of the AAMA	Y	Y	N	-	-	-
Society for Ambulatory Care Professionals (AHA)	Y	Y	Y	Y	N	-
Society for Healthcare Planning and Marketing (AHA)	Y	Y	Y	Y	N	-
Society of Logistics Engineers	Y	Y	Y	Y	Y	Y
Veterans of Foreign Wars of the USA	Y	N	-	-	-	-

Q 1) Does the organization's charter complement or promote the interests or goals of the Air Force and the MSC; and may a MSC officer normally be eligible for membership?

Q 2) Is healthcare the primary focus of the organization's charter; or does the organization's charter and activities have direct application to one of the functional areas in which a MSC officer might work?

Q 3) Is the organization's membership comprised primarily of individual members; i.e., is it not a trade organization or a foundation?

Q 4) Does the organization have a formal code of ethics, offer continuing education opportunities, and offer other educational materials?

Q 5) Does the organization offer a professional certification mechanism?

Q 6) Does the certification mechanism require at least continuing education, work/professional experience, and an objective examination for certification and/or advancement?

# APPENDIX 5 CATEGORIZED ORGANIZATION ANALYSIS GRID

Organization	Questions					
	1	2	3	4	5	6
American Association of Healthcare Consultants	N	-	-	-	-	-
American College of Physician Executives	N	-	-	-	-	-
International Certification Commission for Clinical Engineering and Biomedical Technology	Y	Y	Y	N	-	-
National Council of Architectural Registration Boards	Y	Y	Y	N	-	-
Air Force Association	Y	N	-	-	-	-
Airlift Association	Y	N	-	-	-	-
American Institute of Certified Public Accountants	Y	N	-	-	-	-
American Management Association	Y	N	-	-	-	-
American Society of Military Comptrollers	Y	N	-	-	-	-
American Society for Quality Control	Y	N	-	-	-	-
Institute of Management Accountants	Y	N	-	-	-	-
National Association for Female Executives	Y	N	-	-	-	-
Operations Research Society of America	Y	N	-	-	-	-
Veterans of Foreign Wars of the USA	Y	N	-	-	-	-
American Association of Preferred Provider Organizations	Y	Y	N	-	-	-
American Group Practice Association	Y	Y	N	-	-	-
American Health Care Association	Y	Y	N	-	-	-
American Hospital Association	Y	Y	N	-	-	-
American Managed Care and Review Association	Y	Y	N	-	-	-
Center for Research in Ambulatory Healthcare Administration (MGMA)	Y	Y	N	-	-	-
ECRI (Devoted to Medical Device Issues)	Y	Y	N	-	-	-
Federation of American Health Systems	Y	Y	N	-	-	-
Group Health Association of America	Y	Y	N	-	-	-
Medical Group Management Association	Y	Y	N	-	-	-
National Fire Protection Association	Y	Y	N	-	-	-
Research and Education Foundation of the AAMA	Y	Y	N	-	-	-
American College of Addiction Treatment Administrators	Y	Y	Y	Y	N	-
American College of Clinical Engineers	Y	Y	Y	Y	N	-
American Society for Food Service Administrators (AHA)	Y	Y	Y	Y	N	-
American Society for Healthcare Environmental Services (AHA)	Y	Y	Y	Y	N	-
American Society for Healthcare Human Resources Administration (AHA)	Y	Y	Y	Y	N	-
American Society for Healthcare Marketing and Public Relations (AHA)	Y	Y	Y	Y	N	-
American Society for Healthcare Risk Management (AHA)	Y	Y	Y	Y	N	-
American Society for Hospital Engineering (AHA)	Y	Y	Y	Y	N	-
American Society of Law, Medicine, and Ethics	Y	Y	Y	Y	N	-
Association for the Advancement of Medical Instrumentation	Y	Y	Y	Y	N	-
Association of Mental Health Administrators	Y	Y	Y	Y	N	-
Association of Military Surgeons of the United States	Y	Y	Y	Y	N	-
National Association of Health Services Executives	Y	Y	Y	Y	N	-
Society for Ambulatory Care Professionals (AHA)	Y	Y	Y	Y	N	-
Society for Healthcare Planning and Marketing (AHA)	Y	Y	Y	Y	N	-
American Academy of Medical Administrators	Y	Y	Y	Y	Y	N
American College of Healthcare Information Administration (AAMA)	Y	Y	Y	Y	Y	N
American Guild of Patient Account Management	Y	Y	Y	Y	Y	N
American Health Information Management Association	Y	Y	Y	Y	Y	N
American Society for Hospital Materials Management (AHA)	Y	Y	Y	Y	Y	N
American College of Healthcare Executives	Y	Y	Y	Y	Y	Y
American College of Medical Practice Executives (MGMA)	Y	Y	Y	Y	Y	Y
Healthcare Financial Management Association	Y	Y	Y	Y	Y	Y
Society of Logistics Engineers	Y	Y	Y	Y	Y	Y

APPENDIX 6  
CATEGORIZED LIST OF PROFESSIONAL ORGANIZATIONS

***I. Fraternal and Non-Healthcare Organizations***

Air Force Association  
Airlift Association  
American Institute of Certified Public Accountants  
American Management Association  
American Society of Military Comptrollers  
American Society for Quality Control  
Institute of Management Accountants  
National Association for Female Executives  
Operations Research Society of America  
Veterans of Foreign Wars of the USA

***II. Trade Organizations and Research Foundations***

American Association of Preferred Provider Organizations  
American Group Practice Association  
American Health Care Association  
American Hospital Association  
American Managed Care and Review Association  
Center for Research in Ambulatory Healthcare Administration of the MGMA  
ECRI (Devoted to Medical Device Issues)  
Federation of American Health Systems  
Group Health Association of America  
Medical Group Management Association  
National Fire Protection Association  
Research and Education Foundation of the AAMA

***III. Professional organizations that do not offer a professional certification mechanism***

American College of Addiction Treatment Administrators  
American College of Clinical Engineers  
American Society for Food Service Administrators of the AHA  
American Society for Healthcare Environmental Services of the AHA  
American Society for Healthcare Human Resources Administration of the AHA  
American Society for Healthcare Marketing and Public Relations of the AHA  
American Society for Healthcare Risk Management of the AHA  
American Society for Hospital Engineering of the AHA  
American Society of Law, Medicine, and Ethics  
Association for the Advancement of Medical Instrumentation  
Association of Mental Health Administrators  
Association of Military Surgeons of the United States  
National Association of Health Services Executives  
Society for Ambulatory Care Professionals of the AHA  
Society for Healthcare Planning and Marketing of the AHA

**IV. Professional organizations that offer a professional certification mechanism, but which does not meet the established criteria**

American Academy of Medical Administrators  
 American College of Healthcare Information Administration of the AAMA  
 American Guild of Patient Account Management  
 American Health Information Management Association  
 American Society for Hospital Materials Management of the AHA

**V. Professional organizations that offer a professional certification mechanism which meets the established criteria <sup>11</sup>**

American College of Healthcare Executives <sup>12</sup>  
 American College of Medical Practice Executives of the MGMA  
 Healthcare Financial Management Association  
 Society of Logistics Engineers

**NOTES**

1. The International Certification Commission for Clinical Engineering and Biomedical Technology, and the National Council of Architectural Registration Boards are not included on this list because they do not match the definition of a professional organization established by this project (i.e., they do not offer a code of ethics, continuing education programs, or other educational resources); they are board certifying bodies only. Further, they are presently on the list of organizations recognized by the Air Force as board certifying bodies. Although they are not considered professional organizations by this paper, they are still worthy of recognition. In developing a final list of organizations for inclusion in Air Force guidance, these two organizations should be considered separately.
2. Offers a recertification mechanism



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